

Release Form

I, _____ give permission for my child (camper), _____
to participate in the following activities at Grant County's Summer Splash Waves of Fun Camp.

By checking the boxes below you are giving your permission.

<input type="checkbox"/>	I give permission for my camper to ride the provided transportation by Grant County Summer Splash to and from camp each day.
<input type="checkbox"/>	I give permission for my camper to go on an off-site field trip including bus transportation provided by Williamstown School District.
<input type="checkbox"/>	I give permission for my camper to participate in all activities; such as, crafts, recreation, water activities, group/team projects, physical activity (exercise) and camp curriculum.
<input type="checkbox"/>	I give permission for Grant County's Summer Splash staff and its partners to take pictures or film footage of my camper to publish through media outlets, for future promotions, and as identification for the group of summer campers.
<input type="checkbox"/>	I do understand the camp takes place outside in the Grant County Park during July and the campers will be exposed to the sun daily. The camp will supply sunscreen to the campers and I give permission for my camper to be administered sunscreen.
<input type="checkbox"/>	I give permission for Grant County's Summer Splash staff to secure needed emergency medical treatment and authorize the administration of anesthetics and/or performance of any type of emergency surgery in any licensed medical facility on behalf of my camper. Grant County's Summer Splash staff will notify the listed emergency contacts supplied by you.
<input type="checkbox"/>	I agree that I will provide the appropriate medication (s) in the original prescription bottle to the Grant County's Summer Splash staff. I also give permission for a Summer Splash staff member to provide the medication at the time and dose indicated on the bottle to my camper. To modify the prescription it must be a written prescription from the original prescribing doctor.

Medication	Dosage	Time
Any Special Instructions During Camp:		

By signing this release, I am waiving all liability of Grant County's Summer Splash Camp, camp sponsors/agencies and the camp staff/volunteers of any accidents or incidents and give permission to the above checked items. I have read and understand this release form.

Signature

Date

Print Name